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ABSTRACT

This report makes specific references to Jewish concerns while examining the respective responsibilities of the state, community, family, and the individual in caring for the elderly. It makes the critical point that reliance on the nuclear family in modern societies for elderly support becomes more tenuous to the extent that there are fewer adult children to provide support to their elderly relatives. The ratios of caregiving-aged adults (ages 45- 59) for every 100 older adults (ages 75+) in Jewish populations in different areas of the world are compared, and it is noted that differences in these ratios are reflected in major differences in the degree to which financial, social, health, and psychological needs are adequately met through networks of family, friends, and neighbors. Special attention is paid to the population of very old adults (those aged 85 and older) and their offspring in their 60's. The marital status of older adults and the prospect of caregiving support from a spouse are also considered. Intergenerational families are described and relationships between grandparents, their children, and their grandchildren are examined. The effectiveness of the creation of separate policies, programs, and services for the elderly is explored in a section on age integration and segregation; the view of the aged as a burden or asset is discussed; and loneliness and leisure time roles are also investigated. Care of the elderly and leadership roles are addressed. (NB)

INTERNATIONAL EXCHANGE CENTER ON GERONTOLOGY
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EMERGING ROLES AND RESPONSIBILITIES

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PRESENTED AT

SYMPOSIUM ON AGING IN THE JEWISH WORLD

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BY

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THE ORGANIZATION AND ITS MISSION

The International Exchange Center on Gerontology is an organization of centers and programs for gerontological research and teaching in both public and private universities throughout Florida. The University of South Florida is the headquarters or "host institution" for the IECG. The Center is new, having received its permanent funding in 1982, and operates under a Director and an Advisory Board of representatives from the participating universities.

The purpose of the IECG is to make available to policymakers in the State the best information that can be secured on policies, programs, and services for the elderly. This means collecting and analyzing experiences in such areas as transportation, health care, income security, housing, social services, nutrition, and other subjects that have a significant meaning in the daily lives of our elderly citizens. To carry out this mission, the IECG must communicate with political leaders, program administrators, academic institutions, and with experts in gerontology throughout the United States and the world.

Special attention will be given to program innovations, and to experiences that reveal both strengths and weaknesses in various approaches that have been tried in addressing the aspirations and needs of the elderly. Careful and frank exchange of information, and thorough analysis of policies and programs by policymakers and specialists in higher education offer an opportunity for examination from both theoretical and practical perspectives.

Florida has a unique opportunity for leadership in this field through the Center. Its concentration of elderly persons, and innovative programs like community care for the elderly, demonstrate the possibilities for both give-and-take of experiences. With assured continuing support, a small but highly qualified staff and faculty available in higher education throughout Florida, the IECG can develop a program that will greatly benefit all states. The pressures on state leadership to come up with wise decisions in human services is especially intense under the changing federal emphasis. The initiative is shifting more and more to the states, as federal funding is reduced. Useful information exhange will help state leadership to make increasingly difficult choices among competing priorities for limited funds.

Against the backdrop of a future which will feature exponential economic growth in the State, the influx of growing numbers of persons of working age, and the continuing increase in the number of persons over 60, Florida's policymakers need the best intellectual resources and insights that can be tapped. As a center for collecting, analyzing, and disseminating information of this quality and depth, the higher education community can be of inestimable service to the political and administrative leadership of Florida. The IECG can serve as a vital link between the universities and colleges, and state and local governments.

The basic themes of this paper are derived, in part, from general demographic and sociological perspectives and a discussion of selected implications and issues suggested by some of the products of those general perspectives. While specific references to Jewish concerns vis à vis the elderly are made, we hope that our general observations will stimulate more of them in the actual Symposium itself.

One major issue running through the paper has to do with the respective responsibilities of the state, community, family, and the individual in not only "caring for" the elderly, but in promoting and sustaining satisfying roles and statuses of the elderly. This latter dimension is linked to the ways in which public images view the elderly in general--as either a "burden" as recipients or an "asset" as contributors.

Importance of Demographics

Many of the policy issues that permeate the field of aging are at least partially a function of a demographic context. Any informed discussion, for example, of the role or responsibility of the family in care for the elderly cannot evade that context. The data pertaining to the United States are not so unique and idiosyncratic that they cannot

be used for certain purposes at this Symposium. Given the age profile for much of world Jewry, such data may indeed be corservative and tend to underestimate the extent of the challenge suggested by them. In a later section of this report, however, we do make extensive use of demographic data reported in Professor U. O. Schmelz's Aging of the World Jewry.

In discussing the issue of family responsibility for the elderly, we should put to rest the distorted notion that the typical family neglects and abandons its elderly parents and grandparents. But as Victor Marshall (1984) of the University of Toronto has put it,

> There is now no longer any question about the willingness of family members to care for one another. Much research has shown that, where the older person has family, help will be forthcoming almost all the time. My point is that . . . the family will often be nonexistent or under considerable strain in its ability to care for its very old members. (page 100)

It is the strain and the possibility of having no family --as a function of inescapable demographic dynamics--to which we are calling attention here.

When one considers the topic of the function or respon-

sibility of the "family" vis a vis the elderly, attention must also be given to even the meaning of that term, more concretely, who constitutes the membership of the "family" expected to assume the responsibility? In a society or ethnic group characterized by an extended family tradition, the issue is not as serious as in one characterized by a nuclear family. The nuclear family can be much more restricted, involving often only a two-generation link (child and parents). The relevance to demographics lies in the following types of trends:

Using the nuclear family form, consider the population data about American middle-aged adults (arbitrarily defined here as 45-59 years old) and another age group, 75 years old or more, treated here as a proxy for the older parents and relatives of the middle-aged group. When we take up the issue of "filial responsibility" for the elderly we must deal with the questions, just how many adult children (or nephews and nieces) the 75-plus elderly have to count on? How many can be expected--or required--to provide financial, service and/or psychological support? The data point to a decreasing number of younger relatives who form the "pool" of care-provision.

Intergenerational Ratios

The data pertaining to trends in the United States are instructive and provocative. In 1970, for every 100 American 75 and older, there were 432 men and women 45-59 years old --a figure which is a proxy for the number of younger relatives who might have provided, or actually did provide, support of one form or another.

But by 1985, that ratio had declined to only 292 younger potential or actual supporters. Over the next 15 years (ending in the year 2000) the projections call for little change. But the radical decline in the ratio from 1970 to the present has substantial implications.

The critical point is that reliance on the family in modern societies for elderly support--that is, the nuclear family--becomes more tenuous to the extent that there are fewer and fewer adult children, nephews, and nieces available for providing any form of support to their elderly relatives.

The data in U. O. Schmelz's Aging of World Jewry provides Jewish population data for 1975 for most areas of the world. We were able to derive from these data ratios for the 45-59 to 75-plus populations, shown in Table 1.

In the Diaspora as of 1975, for every 100 Jewish "old-old" men or women (more likely a woman), there were 433 adults aged 45-59, as potential or actual sources of support, but these ratios ranged from as low as 323 in

Western Europe to as high as 505 in Latin America, excluding Argentina. In sharp contrast to the remainder of Latin America, the ratio for that country itself was quite low: for every 100 Jewish persons 75 and older, there were only 379 men and women 45-59 years old.

In the United States, in which one-half of the non Israeli Jews are to be found, the ratio is 404.

The ratio in the case of Israel itself stands out, at least as of ten years ago, namely 535. But ethnic factors make a difference. Based on Professor Schmelz's data, among Israeli Jews of European origin, the ratio--465--is only slightly superior to that for the Diaspora as a whole (but significantly higher than that for Western Europe).

Given the different demographic features of Israel's Jews of Asian and African backgrounds, it should not be surprising to find that for this group the number of potential and actual family supporters for every 100 of their old-old is markedly higher--713.

This ratio of younger adults (45-59) for every 100 older (75-plus) in Jewish populations around the world--used here as a basis for policy discussions--reveals a dramatically different situation from one country or world region to another. The contrast between the Western European ratio of 323 and the overall Israeli ratio of 535 --let alone the ratio of 713 among Israelis of Asian/African

origin--cannot help but be reflected in major differences in the degree to which financial, social, health, and psychological needs are adequately met through networks of family, friends and neighbors.

"Familial" Ratios

in Jewish Populations, 1975

	Total Diaspora	USA	Canada	Western Europe	Argentina	Other Latin America
No. 45-59 per 100 75+	433	404	420	323	379	505

Israel		
Total	European	Asian/African
535	465	713

Based on data in U. O. Schmelz, Aging of World Jewry, Institute of Contemporary Jewry, Hebrew University; JDC - Brookdale Institute of Gerontology, Jerusalem, 1984

Elderly-Support Issues

All that aside, and considering the great cultural and social emphasis on good health and excellent medical care among most of world Jewry, it is our opinion (which can only be verified many years from now) that the proportion of Jews 60-69 years old with very old family relatives (85 and older) will be dramatically higher than now conventionally projected. But regardless of country or religious grouping, we must now begin to prepare for the probable scenario of greater pres-

sures, on the political and community levels, to meet and cope with the challenges to a population of "young" retirees or near-retirees with increasing proportions of even older relatives who are 85 and older.

Obviously, to come back to a point made earlier, the use of population figures alone does not provide us with a comprehensive or totally adequate portrayal of the place of the elderly in any society. Theoretically, two societies (or subgroups) with identical ratios of adults to elderly may actually have differing family patterns insofar as voluntary, "spontaneous," uncontrived care and responsibility for olders are concerned. More specifically, in one society, the family may be more of an extended one than in another society centering more around a nuclear family. In the extended family, nephews, nieces, and cousins may be member of the "natural" family primary group, whereas in the nuclear family situation there is no expectation of support of any kind from such relatives. Only children and siblings are members of the mutual reciprocity "club."

Even the quantitative or geographic proximity of family members does not guarantee, necessarily, the suitability of such potential care providers, nor their desire to provide care to their elderly relatives. Qualitative dimensions to be considered include physical and psychological capacity to provide care, financial resources, etc.

This issue of family support might be even more drama-

tized if we focus instead on the truly "very old," (men and women 85 and older), and ask the question, how many offspring and under-85 relatives the same age as the offspring does this upper age group have to rely and potentially for support? The quantitative data provide strong support for the argument that "extra-familial" support sources--financial, service, and social-psychological--will increasingly be necessary over the next few decades. The state and the community may have to assume more responsibility than they believed themselves capable of.

For purposes of this discussion, the adult children, nephews and nieces of the 85-plus population are taken as primarily represented by persons 60-69 years old. The precision involved in using these two age categories, 60-69 and 85-plus, may be questioned, but the trends over time cannot be.

Is it realistic to expect large proportions of persons 60-69 years old to be able to provide a wide variety of supports to their elderly relatives? And if they do earnestly attempt to do so, what are the strains and stresses they risk experiencing? What types of respite (measured in time, task assistance, and financial costs) are available to them? The contemporary thrust, "movement" or advocacy of greater family-member services to their elderly, as laudable as it may seem on the surface, cannot in reality be made more of a

reality than it now is as long as respite provisions, or care for the caregivers, are not made available.

On the demographic side, just how many "younger" relatives (60-69 years old) will there be for each very old person? We don't have data for the Jewish population, but the information concerning the general U.S. population is, in our opinion, provocative.

In 1970, for every 100 very old Americans (85 and older) there were 1 persons 60-69, our proxy group for the children, nephews, and nieces, of the very old. In only fifteen years, by 1985, the ratio has declined to only 679.

By 1990, it is expected that it will decline to 593 younger persons (60-69). But fifteen years from now, in the year 2000 A.D., the projections indicate that there will be only 377 potential supporters (60-69) for every very old American. Fifteen years ago, the ratio was 961. Fifteen years from now, only 377.

There is very little in the research literature concerning how this striking demographic transformation is reflected in changing patterns and emerging problems associated with the universal issue of the respective responsibility roles of family, community and government in care of the elderly. The issue becomes especially salient when ideologies critical of the "welfare state" are in ascendancy.

Marital Status

We should also take into account the marital situation of the older generation, a situation which has a bearing on the issue of responsibility. Less than 40 percent of the U.S. 75-plus population are now married (and government data suggest that this proportion will remain essentially unchanged through the year 2000). How much the remaining proportion--the never-married, divorced and widowed--are or will be relatively independent, i.e., not dependent on family and other institutions, is partly a function of health, age, and income. (We should note here that extreme independence can be associated with loneliness.) As for income, one factor involved is previous employment experience. Certainly for women (they comprise two-thirds of the 75-plus population), few in that age group have had continuous and/or well-compensated employment to assure adequate retirement income. The youngest woman in the 2000 A.D. 75-plus cohort will turn out to have been already 60 years old in 1985, too old, typically, to have benefited from any fruits of "women's liberation," as far as building up an adequate pension is concerned.

Returning to the main thrust of this section of our paper, what is more crucial is that, at least from a demographic perspective, the "modern" oldster of today and especially those in the next decade-and-a-half cannot plan on

having large numbers of offspring, nephews and nieces as a major material or psychological support base or cushion.

We must not lose sight, furthermore, of the fact that many of the very old--especially widows--survive one or more of their sons. Neugarten (1978) has pointed out that among women whose first-born is a son, it is not unusual for the son to die before his mother does. More important, a large proportion of women 65 and older have no children at all. In Great Britain, Mark Abrams (1981) "found that 30 percent of his sample of the over 75's had no children," in 1976.

Finally, how does a society, economy, a community or a family deal with the reality or prospect of two generations in retirement? This actual or potential scenario is too bizarre and "untraditional" for those institutions to cope with. But it will increasingly become a common phenomenon in the not so distant future.

Interaction Between Old and New Generations

Two important dimensions should be considered when this topic of intergenerational relations is discussed. One of these is of a more general nature, the other, of particular concern to modern Jewry.

It is not altogether certain that frequency of interaction between oldsters and their children and grandchildren is typically of a salutary, positive nature, although much of

the nostalgic rhetoric about the family and aging is replete with glowing images of multi-generational bliss and well-being. In western countries, the trend toward separate households reflects a desire for independence, even though affectional ties may be good. In fact, the independence may be conducive to improved relations. At the same time, according to summaries of research by Foner and Schwab (1981) visits with children might "have a depressing rather than an uplifting effect on older male retirees." The critical term here is retirees. There is the possibility that these negative effects are associated with a loss of status and/or power. ". . . Power relationships in the family change when older men retire. Retired men have to cede a measure of control to their adult children, a process that undoubtedly occurs quite subtly. Visiting with children serves to emphasize such changed relationships." The point that Foner and Schwab want to emphasize is that family relationships are important as a source of emotional support, but retirement status can affect those relationships.

None of this, however, should obscure the fact that overwhelming majorities of elderly parents see their children

over a month's period--at least in the United States. According to older studies in the 1960's three-fourths of older parents have at least one child less than 30 minutes away. Daughters, more than sons, unmarried offspring more than those married keep in touch. Bonds of affection are both a condition for, and a result of, such interaction. Indeed, personal affection and respect may be more important than concrete help (in either direction).

The grandparent-grandchild picture is a mixed, heterogeneous one. While they are young, grandchildren may be objects of great affection on the part of grandparents. But this may change as each generation becomes older.

One critical type or pattern of relationship between these two generations may be one in which grandparents function as imparters of wisdom and tradition. It is this particular type of relationship that may be of concern in contemporary Jewish life. While formal Jewish historical and religious education programs are important for continuity and transmission of heritage, it might also be argued that oral tradition would serve to reinforce the formal means. To a great extent, grandparents--assuming a high level of positive interaction with grandchildren--could be a primary source of that oral tradition. This applies to secular as well as to religious-theological groups in the Jewish population.

Within most, if not all, Jewish communities, with or

without a sustained welfare state environment (but especially in the latter case), the demographic changes discussed here raise such questions as: To what extent are young adult Jews (representing, for the most part, the grandchildren generation) willing to contribute directly or indirectly (through local Jewish programs and agencies) to the care of the very-old in their midst? In many instances, it will not be their own grandparents. Furthermore, the grandparent generation will include many very-old individuals and couples who have no adult grandchildren of their own. Some sort of collective or communal philosophy or social ethics is required to meet this potential crisis.

Age Integration or Segregation?

Some observers have questioned the creation of separate policies, programs, and services for the elderly. They feel it discriminates against the elderly by singling them out for special consideration. Bernice Neugarten and Robert Binstock, both prominent gerontologists in the United States, have forwarded this viewpoint. Rather than having homes for the aged, nutrition programs for the aged, services for the aged, program for the aged, etc., they would have homes for the frail, nutrition programs for the hungry, leisure-time programs for the lonely, bored, or with free time, etc. Their notion is that chronological age is a poor method by which to

stratify a society; that the aged, as a group, are an extremely heterogeneous population; that by singling the elderly out for special consideration, they are stigmatized and can be used as scapegoats by those concerned with the costs, be it public or private, for welfare-like programs and services.

Critics of age-segregated, or age-specific, resources would prefer to stratify society and its resources by functionality. Regardless of chronological age, individuals have certain problems which cut across age boundaries, people can be poor, handicapped, mentally ill, need housing, have addictions, need counselling, etc. Their proposal would be to offer programs and services for all who have certain needs, unrelated to chronological age. This idea has a fair degree of appeal. Yet, it fails to consider certain factors. First of all, the needs of the elderly can be different from those of other age groups, as can be their problems. Age-related diseases or problems do exist and treatment, be it in medical, psychiatric, or social work, should be geared to the specific condition. Second, problems are seldom singular in symptoms, causation and consequences. The inter-relationship of physiological, psychological, sociological, and economic problems, among others, is well known. The dual diagnosis of the mentally ill and alcoholic, or senile and confused, necessitates both precise diagnosis and treatment. It seems the movement

of specialties in geriatrics and in gerontology are steps in this direction. Third, and finally, a society whose resources are categorized along lines of functionality might tend, paradoxically, to be discriminatory against the elderly. Infants, children, adolescents, young adults, middle aged, and the elderly, all competing for the same resources! Given what is known about both general "ageism" and professional "ageism," it is suspected that the elderly would not receive an equitable share of professional attention, funds, programs and services. The community organizer, Saul Alinsky, taught that coalitions necessitate constituents with equal power. For the categorization of a society's population to be on the basis of functionality, all age groups should be equally valued. Until, or unless, that takes place, it is believed that age-specific resources are necessary to ensure that the aged--as a group--are receiving a fair share of a community's or nation's resources. Do they deserve less?

This issue may not be as lively in countries characterized by a wide-ranging universalistic system of "social welfare" services, as it is in the United States. The American form of "national health insurance," for example, is basically available only to persons 65 and older; other programs earmarked for the elderly have emerged because a universal program (for all ages) was not politically feasible,

or because the aged had been neglected in programs created earlier for other groups, or intended to be for all groups. In any event, the separations may have contributed to singling out the elderly typically as a burden or as a target of envy.

For the differing viewpoints regarding this issue of age-integrated versus age-segregated policies, we recommend a reading of Monk (1984).

The Aged as "Burden" vs. "Asset"

A continuing and controversial theme in a society characterized by "population aging"--especially in societies with a heavy emphasis on economic, cost-and-benefit values--is one that views the aged primarily as a "burden" on the rest of society. In times of severe strains on national budgets, this view may emerge. It is a one-sided one, and neglects other facets of the role and status of the elderly.

Too often neglected, to begin with, are their past contributions made to the economy and society that currently sustains and nurtures the generations of nonelderly. An authentic inter-generational "social contract" implies the principle of reciprocity. Second, few elderly are actually totally dependent and exclusively dependent on others.

In other words, the majority of them do contribute to the well-being of others in a variety of ways, for example, as

consumers, as purchasers of goods and services. This is especially the case in societies that have adequate retirement income systems for the elderly. Their expenditures make possible employment for the nonelderly in many industries, and not just those industries associated with the "aging industry" (e.g., nursing homes, medical, nursing, social and nutrition services). In some areas of the United States, retirement income serves as a substantial cushion against the inroads of cyclical recessions.

But the picture still persists of a huge population with preponderantly negative features, and which is essentially an asset-less "burden." This image may be partly a creature of journalists, editorial writers, TV commentators, and social scientists with a restricted socio-economic analytical perspective.

In addition to the asset-side of the ledger in the consumer role, attention must also be paid to other contributory roles of the elderly such as volunteering, material aid and services to their own families, etc.

The contemporary world is only now beginning to wake up to the role that many "senior citizens" themselves could perform for other older men and women. Under appropriate conditions, including especially short-term training, many older persons can be effectively recruited in volunteer services for others, including for the elderly.

While the data do not pinpoint the ages of the recipients of their volunteer services, the 1981 survey for the U.S. National Council on Aging by Louis Harris and Associates found that nearly one-fourth of the 65-plus population was involved in volunteer unpaid activities, and that the proportion drops considerably only among those 80 and older.

The types of volunteer activities on the part of the elderly in the United States are concentrated in such activities as serving in hospitals and clinics and in mental health programs; transporting the ill, handicapped and other aged persons; civic affairs; and a variety of psychological and support services. To be sure, these older volunteers derive rewards from their activities, but the critical point is that they are contributing their time, skills, and companionship to society. This is the point that is too often ignored by the institutions that help to form public images. The leadership in such image-forming institutions have, in our opinion, a responsibility to balance the "burden" image with an "asset" image of older men and women.

To illustrate further the contribution dimension, we present here the results of the NCOA/Harris survey of 1974 (The Myth and Reality of Aging in America), specifically the data on some selected ways in which the elderly help their adult children and grandchildren:

Ways in Which Elderly Help Their Children and Grandchildren

	65-69 %	70-79 %	80 and Older %
Give Gifts	93	89	86
Help out when someone is ill	78	65	57
Help out with money	50	44	38
Shop or run errands	46	29	23

(Based only on respondents with children or grandchildren)

Nowhere have we, up to this point, dealt with the issue of "post-retirement employment." This is a topic that warrants a completely separate and long document. Suffice it to say that nearly every modern society is witnessing a constant decline in the labor force participation rate of persons 65 years old or higher, and perhaps, at the same time, an increasing proportion in part-time employment in this group. Rough estimates of the survey results of the 1981 National Council on Aging-Louis Harris survey indicate a labor force participation rate of approximately 25 percent among the Jews 65 and older, which contrasts sharply with the overall rate of only 8 percent. The wide discrepancy between these two figures must be related to differences in occupational structure: self-employed and higher professional categories tend to remain in the labor force after 65 longer

than do other occupational groups. The same tends to be the case for other correlates of self-employment and professional activities, such as higher education, better health, etc. But one of the major distinctions of the self-employed and of professionals is that to a great extent, they themselves have the autonomy to determine for themselves when they shall retire. Furthermore, these same groups tend to enjoy a high degree of intrinsic job satisfaction which is among the many determinents of the "retirement decision."

"Post-retirement" employment does have a popularity among many older workers (e.g., 55 and older), especially if it is part-time employment that they can look forward to. Besides meeting some financial needs for many of the "retirees," it meets certain social and psychological needs--and once again, illustrates the contributing role that should be made possible.

Loneliness

While criticism can be leveled at social gerontologists who stress in great detail the importance of "having a role" in old age, we still cannot dismiss certain empirical research findings which tend to confirm their position. Take, for example, the data from the 1981 National Council on Aging/ Louis Harris survey of American adults of all ages which included questions about whether certain items were for the

respondents a personally serious problem. One such item had to do with loneliness.

Starting at ages after 55, the proportions indicating that loneliness was a personally serious problem rises by age:

	55-64	65-69	70-79	80+
Loneliness a serious problem	21%	24%	32%	39%

Widowhood and living alone can clearly increase the odds for feeling lonely, and both of these factors are associated with aging, at least in the United States and many other "developed" societies. They can affect and create problem-creating statuses and roles. But we also want to focus here on the influence of labor force status--whether retired or continuing to be in the labor force.

Among just those respondents 55-64, for example, for 21 percent of the retirees, but only for 17 percent of those still in the labor force, loneliness was a serious personal problem. Indeed, the proportion saying "very serious" among the retirees was twice that among the labor force participants. While other variables may be at play in the phenomenon (such as health status), there may be some truth to the argument that work is of central importance in the lives of many persons; that it is rewarding for some, in the psychological

sense, and that relations with work peers and/or having a job conveys a sense of worth for the person in the eyes of others--a sense which is assimilated by the individual himself/herself.

These empirical findings about loneliness, therefore, in our opinion warrant a great deal of attention among policy makers and practitioners to the issue of assuring and maintaining adequate societal roles to the elderly; of not pursuing those policies and practices that may contribute to the deterioration of such roles, or at least striving to encourage new roles that replace those performed by persons before "retirement" or "old age."

Jewish community leadership is clearly in a position to adopt this principle in their organizations and communities.

Leisure-Time Roles

What opportunities for meaningful roles are presently available as far as leisure is concerned? Pre-retirement counseling programs seek to prepare individuals for their retirement years and focus upon different options for leisure-time use. Leisure activities are often conceptualized to include the following areas: recreation, education, volunteerism, employment, and voluntary association. In addition to these traditional and institutionalized areas are solitary and family activities. Each area will be briefly discussed.

Recreation means to restore or refresh and is often used synonymously with leisure time. However, it is, in fact, but one area of leisure. Opportunities for recreation are created by federal, state, and local governments, in addition to private sectarian and non-sectarian organizations. Recreation has its participant and non-participant components. That is, such activities can be enjoyed by doing, observing or listening.

We are presently witnessing an emphasis on educational opportunities for those with leisure time. Many colleges and universities provide reductions in fees for those over a certain age and courses geared to the interests of those with free time. High schools, extension programs, and the YMHA's, among others, have been involved in educational opportunities for those with leisure time. However, less than 10 percent of the elderly take advantage of adult education courses (Hendricks and Hendricks, 1981). Liberal education, as opposed to education for practical purposes, has traditionally been identified as aristocratic. Accordingly, there is a need to change attitudes toward education away from the job market and toward a more general orientation of psychological and intellectual growth. The tradition of learning in Judaism is certainly congruent with this orientation.

Volunteerism can play a most significant part in meeting leisure-time needs, and in providing satisfying roles.

Initially, volunteerism had been for the privileged classes. The notion of "lady bountiful" combined the philosophy of Social Darwinism with the growing awareness of one's responsibility for the less fortunate. However, to help others and be involved in activities with no economic remuneration necessitated an ability to "afford" to be a volunteer. Indeed, the less affluent were too busy working and making ends meet to be involved in volunteer work. Yet, this situation has changed in many developed societies, especially for the elderly. There is no need here to elaborate on the importance of volunteerism inasmuch as it has been an intrinsic and long-standing tradition in Jewish community life.

But volunteerism in old age may be an extension of activities from a younger age; individuals who have not been volunteers may not engage in such activities in old age--even within the Jewish community.

Leisure time can be spent in voluntary associations, whether political, fraternal religious, or social. There are many organizations, clubs, and affiliations that are open for membership. America is referred to as a "nation of joiners" and popular opinion further states this increases with age. Membership in religious institutions is important both for religious and social reasons. In addition, union organizations, fraternal and patriotic associations, and

social groups all potentially meet many needs of those with free time.

In addition to the above-mentioned formal mechanisms which meet the needs of those with leisure time, there is familialism. Free time ceases to be an issue when the person is fully involved in family tasks and activities. For the family-centered aged, grand-parenting can play a significant and major role in their lives and they may virtually live for their family and for family events. In addition to actively being of assistance to one's family, celebrations, holidays, and visits may play a vital role. For example, we know that in the United States, 75 percent of elderly parents live within commuting distance of their children and 50 percent live in the same neighborhood (Atchley, 1980). However, we want to repeat that there is danger in giving too much importance to the place of the family in meeting leisure-time needs. The use of family stipulates the existence of family, the convenient location to family, and given both of these a desire to interact with family.

Responsibility for Care of the Elderly

The role of organized Jewish community services for the elderly grows in importance to the extent that a given country's governmental policy minimizes the function or responsibility of the state in assuring the welfare of its citizens,

notably the elderly for our purposes. In societies with a minimal responsibility assigned to or assumed by the state, there is an increased intrinsic need for nongovernmental, community institutions organized around religious, ethnic and other bases for social grouping to assist families in the care of their elderly, and to assist directly the elderly themselves. This is nowhere more urgent than in the case of the elderly who have no effective informal support groups, no family members (especially adult children, nieces and nephews) available, and/or who live in relatively isolated areas.

In a highly mobile, geographically expansive nation such as the United States, where hundreds of thousands of persons move long distances upon retirement to such regions as Florida or California, the situation can become even more severe to the degree that informal and/or familial supports are the expected norm. Formal community structures thus become even more imperative as a source for the provision of services necessary for meeting the myriad of needs for the elderly. "Informal networks" need to be encouraged, frequently by "formal" means (organizers). The viability of Jewish-based community services assures the adequacy of those services,and in a reciprocal fashion, it must be added, reinforces the adherence of clients and their families to a Jewish identity.

Even in many of those political and community contexts in which government does assume a more assertive level of responsibility for the welfare of its citizens on a universal basis (that is, without regard to ethnic status), government does not always directly provide necessary supports and services but relies on "intermediary agencies" for such purposes. The state provides either some or all of the funds to such agencies. In the United States, ethnically-based institutions are frequently the major conduits for totally or partially government-funded programs for the elderly. For many local areas, the quality, depth and range of services for the Jewish elderly, under those circumstances, are of an excellent character.

Although the Jewish people have a long history of geographic mobility, a relatively recent phenomenon involves the migration of the elderly from their customary location to other areas of a country, if not the world, typically because of the warmer climates of the new areas. Movement of large numbers of elderly Jews in the United States to California, Arizona, and Florida, as well as to Israel, can pose special problems for the community from which the elderly depart and for the community which receive the elderly from the north.

The migration of the elderly from one area to another can be, in one sense, viewed as a form of disengagement from their communities of origin. This often leaves opportunities

for younger individuals in the community, frequently the adult children of the migrating elderly. Whether professionals, business persons, or leaders in the lay or religious community, the elderly's retiring to other areas can permit a relatively smooth transition of generations. But it also can (1) deprive the community of valuable human resources, and (2) relieve the community of the need to provide for elderly individuals as they become impaired and frail. Although some elderly do return from the places to which they have retired, as a result of widowhood, declining income and health, dissatisfaction with their new homes, etc., they generally remain in their areas of destination.

The relocation of large numbers of elderly in certain areas of a nation or world also can cause special problems to the communities receiving the elderly. In Florida, there are areas that include large populations of elderly persons, many of whom are recent arrivals from the north (including Canada). Miami and Miami Beach, Fort Lauderdale and West Palm Beach, St. Petersburg and Ft. Myers are but a few of the areas which are especially popular for the elderly, and whose economies are especially dependent upon them.

In addition to the movement to specific communities, the elderly from the U.S. north have been attracted to retirement communities where the density is high. In Florida, there are: Century Villages, Kings Point Retirement Communities, and Sun

City Centers, among others. These retirement communities provide adequate and moderate housing plus a vast array of recreational, social, and educational opportunities. These age-segregated settings also provide great challenges to the secular and non-secular resources of the communities in which these retirement settings are located. Recently, for example, a retirement village was opened in Hollywood, Florida, to be the home for more than 15,000 persons, many of whom are Jewish and from the north. The ramifications are great for the establishment of synagogues, and other Jewish agencies and organizations. The challenge will be great for Jewish communal services in the area, as the need increases greatly for Jewish social services, including community centers, family services, nutrition services. As the elderly as a group become older, the need for day care services, hospital care, and nursing homes emerges. Since adult children are generally living in the north, and not readily accessible, the responsibility placed on the organized Jewish community becomes great. A dialogue has begun between Jewish Federations in the South and in the North regarding shared responsibilities for the care of the elderly Jew who has moved to the South.

Another nuance of this phenomenon is that very often the Jewish elderly person may feel psychologically attached to his former hometown in the North and therefore continues to support the hometown communal agencies (e.g., the Jewish

Federation) while--at the same time--becoming increasingly dependent upon the very same type of communal agencies in his or her new "hometown."

Importance of Leadership

Discussions of the desirability or necessity of continued, useful roles for older persons should be carried on at more than one level. Many of these discussions are primarily centered on the value of usefulness to the individual himself/herself, especially of a psychological nature. A feeling of usefulness to others, or self-satisfying, ego-satisfaction derived from a given social status, is crucial.

Such arguments are not too frequently convincing, however, to the key actors and institutions that set the scenarios of our lives. Organizational custom and presumably "rationality" (e.g., cost/benefit analysis) typically have greater weight than the psychological case for role continuity as a basis for feeling useful. In times of national economic crises, i.e., high unemployment rates, the typical policy response is to "solve" the unemployment problem by various schemes designed to remove workers of a given age and older from the labor force. This presumably opens up opportunities for workers or jobseekers of younger ages. At the very least, it does lower the official unemployment rate if the early retirees were unemployed prior to changing their

status to "retired."

But other policy perspectives are plausible, and it is here that the outlooks and knowledge base of national and local leadership are critical. For example, why should chronological age be a major criterion for making decisions about reductions in force? The use of chronological age frequently implies that the older the person, the less adequate are his/her skills, and other work-related attributes. This is not the place for an extensive presentation and discussion of the research findings concerning age and work behavior. One anecdote, however, is in order.

Some years ago, an aircraft production company in the United States when forced (because of a loss of government contracts) to reduce its work force by a certain number, ordered its supervisory personnel to choose for dismissal its least productive and reliable employees. The application of policy (which did not make reference to age) resulted in a company employee structure with a higher average age than that which prevailed prior to the reduction in force. The supervisors' performance evaluations of their subordinates, rather than age or eligibility for retirement, proved to be rational and efficient.

This anecdote admittedly involved, for the most part, persons below the ages forming the basis for most of this paper. But it still has relevance here. The executives of

the enterprise thereafter became advocates for the employment of older persons. Their perspectives had changed markedly, and their outlook regarding the usefulness of older persons extended beyond the world of work per se.

With regard to older age groups, we are now in the midst of a changing perspective that is moving in the direction of a balanced perspective that focuses on the assets of the old, and not merely the burden they may impose on family, community and state--a theme discussed earlier in this paper.

While this balanced perspective is slowly gaining a foothold, much more needs to be done to accelerate its acceptance among national and local leaders in private and public sectors. This is all the more urgent in those situations where intergenerational tensions are on the rise. Very often, many of the younger generation view the elderly only as a burden, indeed even as "parasites"--without any appreciation of the elderly's contribution (when they were younger) to the social and economic basis from which the young's well-being is derived. In the opposite direction, and at the same time, the well-being of many elderly may instead be envied and resented by the young.

To be more concrete, Jewish communal service organizations can play an important part in disseminating among the young and among community leaders a balanced perspective about

aging, about appropriate responsibilities vis à vis the needs and problems of some of the elderly, as well as a perspective that takes pride--without envy--in the progress and the achievements of men and women as they move into "old age." Leadership is crucial in setting the moral tone surrounding intergeneration relations. Leaders can be effective in their conveying to the non-old the viewpoint that the portrait of, and policies regarding, today's elderly are a portent of their own future selves.

Leadership here includes opinion makers in communications (the "media"), which can influence public images of, and attitudes toward, the elderly in a variety of effective ways --for example, in the choice of roles assigned to elderly in dramatic television series. But for the most part, the media (including the press), at least in the United States, highlight the "burden" role of the elderly. Inadequate media attention is displayed, for example, regarding the contribution of the elderly, and the notion of reciprocity between generations.

Finally, in advocating the greater assumption of leadership responsibility in these areas, we must ourselves take those steps necessary to expose effectively a wider range of national and local community leaders to the facts about the process of aging and the facts about the actual and potential asset and contributory dimensions of our ever-growing older population.

In conclusion, we have drawn a dynamic picture of roles and relationships of the elderly, in general, and Jewish elderly, in particular, in an "aging world." Both the elderly and the traditional place of the elderly are undergoing change. The answer to the question of responsibility for ensuring just, rewarding, and satisfactory roles for the elderly is still evolving. What is known, though, is that it will include the range of individual, family, Jewish and non-sectarian community, and governmental efforts and resources. Each community, indeed--each nation, will address these challenges in its own historical and cultural ways.

REFERENCES

Abrams, M. 1981. Reported by A. Tinker, The Elderly in Modern Society, London: Longman, p. 126.

Atchley, R. 1980. The Social Forces in Later Life, Belmont, California: Wadsworth Publishing Company.

Foner, A. and Schwab, K. 1981. Aging and Retirement, Monterey, California: Brooks/Cole Publishers, pp. 72-73.

Hendricks, J., and Hendricks, C. D. 1981. Aging in Mass Society: Myths and Realities. Cambridge, Mass.: Winthrop Publishers.

Marshall, V. 1984. "The Health of Very Old People as a Concern of Their Children." Proceedings of the International Conference of Social Gerontology, Deauville, France, 1982, Vol 2, pp. 95-107. Published by the International Center of Social Gerontology, Paris.

Monk, A. 1984. "Age-Integrated or Age-Segregated Approaches to Service Development for the Aged." Proceeding of the International Conference of Social Gerontology, Deauville France, 1982, Vol 2, pp. 257-269.

National Council on Aging/Louis Harris and Associates 1975. The Myth and Reality of Aging in America.

_____ 1981. Aging in the Eighties: America in Transition.

Neugarten, B. L. 1978. "Aging in the Future," in Canadian Gerontological Collection, B. T. Wigdor, ed. pp. 2-26. Canadian Association of Gerontology.

Schmelz, U. O. 1984. Aging of World Jewry, Institute of Contemporary Jewry, Hebrew University; JDC-Brookdale Institute of Gerontology, Jerusalem, Israel.

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